ERIC Document Resume	See Instruction Sheet	DATE OF RESUME	DATE RECEIVED

A. PUBLICATION DATA

1. ERIC NUMBER	2. ORIGINATOR CONTROL NO(S).	3. IDENTIFICATION NO.
ED001831	N.A.	Nos. 2&3

DO NOT WRITE IN SPACE BELOW

4. AUTHOR(S): Donovan, Helen M.

5. TITLE OF DOCUMENT ABSTRACTED:
A Comprehensive Approach to Oral Communication for All Children

6. PUBLICATION TITLE: Pathways in Child Guidance

7. EDITOR(S): N.A.

8. PLACE OF ORIGIN
ORG. Board of Education of the City of New York
ST.
CITY, STATE
TELE. EXT.
INST/LOC CODE

9. PUBLISHER OR SOURCE
Bureau of Child Guidance
Board of Education, New York

10. VOL.	11. PAGES	12. MO./YR.	13. TOTAL PP.
N.A.	4-5	March 1965	2

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TYPE OF REPORT
PROPOSAL ☐
IN-PROGRESS ☐
FINAL ☒
FOLLOW-UP ☐

OTHER ERIC REFERENCES:

ERIC SATELLITE CODE

B. INDEXING DATA

14. SUBJECT AREA

15. TYPE OF ENDEAVOR: Report

16. INDEXING TERMS (6-12)

psychological defect	development	communication skills	
therapist	intelligence	education	language arts
teacher	environment	parents	neurological defect
	hearing	oral communication	

17. ABSTRACT (MAX. 250 WORDS)

Since speech is important to the psychological development of a human being, it is often found that impairments are frequent causes of personality disorders and emotional problems. On the other hand, a good guide to beginning help involves psychological examination to estimate intelligence. Also a test of hearing should be given as well as a neurological examination. Poor motor coordination, perceptual difficulities, distractible behavior and hyperactivity may all indicate the source of the speech problem.

Through the aid of the classroom teacher and the speech therapist, speech improvement can be obtained. Speech development as well as speech improvement lead to correction.

ERIC No.

18. SOURCE OF ABSTRACT

C. FUNDING DATA

19. SUPPORTING ORGANIZATION	20. DIVISION OR DEPT.	21. CONTRACT NO. / PROJECT NO.
	22. TOTAL COST OF PROJECT	
	23. DURATION OF PROJECT	U.S. Department of Health, Education, and Welfare Office of Education

ED001831

A COMPREHENSIVE APPROACH TO ORAL COMMUNICATION FOR ALL CHILDREN

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The field of "speech," like many other academic disciplines, has moved in recent years into increasing areas of specialization. Research and instruction in the field range from pathology of speech disorders to theatre arts. This trend has been responsible for a significant expansion of knowledge and an improvement in the quality of research. At the same time specialization has, to some degree, "segmented" the field. "Speech" has frequently been so narrowly defined that its true meaning and function are obscured. As a result many administrators, teachers, and parents have distorted notions of what we mean by speech. Since speech skills are basic to total education a clarification of the concept of speech in the schools and a definition of the role of speech in the educational program is in order.

What we mean by "speech" has been defined by the Speech Association of America as the "effective ability to speak and to listen in ways that accurately communicate what the speaker has in mind in terms that are reasonable and meaningful to the listeners." In short, speech is oral communication. Speech involves thought processes and expression of emotion and makes use of auditory perception, bodily action, voice, and the articulation and pronunciation of spoken language. Oral communication is a two-way process — dependent on both speaker and listener. *Speech is important to the psychological development of a human being* because it is a normal means of self-expression as well as a means of relating to other people. Serious impairment in the ability to communicate orally is a frequent cause of personality disorders and emotional problems.

Speech is basic in education because it is not only a means of expressing what we learn but a part of the learning process itself. The oral expression of "inner language" is widely accepted as directly related to clear thinking. There is a proven relationship among the various language skills. Research indicates that speaking and listening are funadmental to the skills of reading and writing. The development of auditory discrimination, auditory memory, the articulation of speech sounds, is basic in learning to read.

Effective speech is necessary to both social mobility and vocational competence. Although we have come to realize that "standard English" is a relative term and that there is no one "correct" way of speaking, and that we must be tolerant of many variations in speech patterns, we must also recognize that there are certain speech patterns which are unacceptable in many social and vocational situations. Although we have come to realize that "standard English" is a relative term and that there is no one "correct" way of speaking, and that we must be tolerant of many variations in speech patterns, we must also recognize that there are certain speech patterns which are unacceptable in many social and vocational situations. As applied to speech patterns, it is still true that the student who retains the inarticulate and fragmented speech of a typical low socio-economic area is conspicuous in other social milieux and is less able to compete vocationally than one who can express himself effectively. We might conclude then that effective speech is an important goal of education and that the development of speech skills has a significant place in the schools.

Speech education might be described as falling into three categories: speech development, improvement, and correction. All pupils need a positive program of speech development. Such a program provides for the direct teaching of listening and speaking skills as part of the language arts curriculum. Content includes lessons on listening habits, sounds of English, the fluent use of spoken language and its application in conversation, group discussion, oral reporting, oral interpretation of prose and poetry and creative dramatics. The process involves imparting a definite body of knowledge and the development of skills. Such specific goals cannot be met adequately by incidental learning. The school program in speech should be sequential and as well planned as any other school subject. Under normal circumstances it should be carried on by the classroom teacher in the elementary school and the English teacher in the junior high school with the speech specialist serving as consultant. On a senior high school level a speech fundamentals course and elective courses in speech such as public speaking, dramatics, group discussion and other specialized courses are taught by teachers trained and licensed in speech.

The onset of speech and the rate and manner of speech development are affected by the linguistic, psychological and physical environment of the child. By the time many children come to school they have already acquired unfavorable attitudes toward speech and faulty habits of speaking. The so-called "disadvantaged" child, for example, may come from an environment in which there is little verbal communication or in which the speech he hears is fragmented and inarticulate. Such a child is usually delayed in speech development, has poor listening habits, and is less ready to learn to read and write than a child who has had stimulation favorable

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because language is so related to function that intelligence test scores for this type child frequently indicate minimal ability. Sometimes a period of trial therapy is needed before a correct diagnosis is possible. The diagnostic approach should be both comprehensive and cautious. It is just as unscientific today to label every case of delayed speech "mentally retarded" as it was thirty years ago to call every speech handicapped child "tongue-tied."

Voice disorders also receive top priority for placement in speech correction classes. All severe voice cases require medical diagnosis before therapy is initiated. In our school system referrals for laryngoscopial examination are made through the Bureau for Speech Improvement.

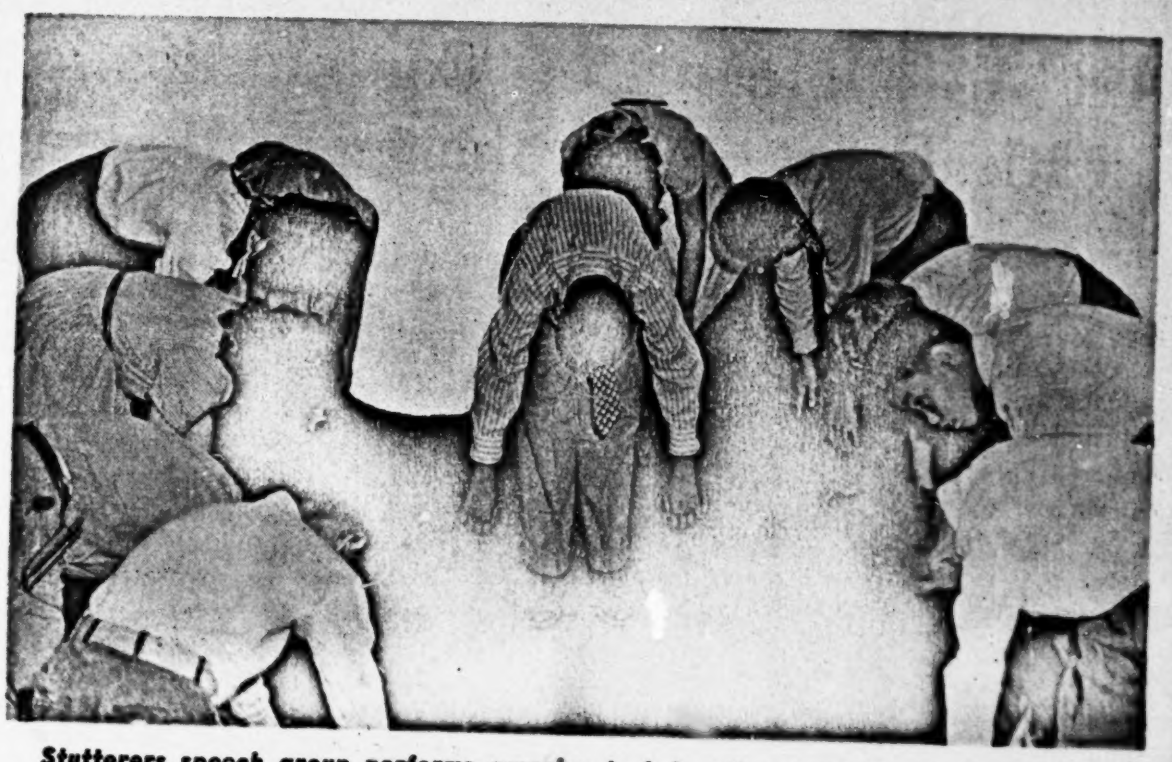
Stuttering is at the same time the most interesting and the most perplexing of the speech disorders. Literally hundreds of theories of stuttering exist and there is no single recognized cause. The last thirty years of research in the field has at least pointed toward a substantial core of agreement among the experts. Areas of agreement indicate a multiple eiology with physiological, psychological and environmental factors involved. Current theories place strong emphasis on psychological factors. The personality of the stutterer has not been found to be essentially different from the non-stutterer, but the stutterer is generally considered more prone to feelings of inferiority and anxiety. Anxiety concerning the act of speech is found to some degree in all "real" stutterers. The child who speaks rapidly, with hesitations and repetitions, but who shows no concern about his speech is not necessarily a stutterer and should not be called one. A calm atmosphere and some simple exercises in rate control will probably help this child overcome normal non-fluencies. The speech of the stutterer is marked by repetitions, hestitancy, blocking and, in an advanced stage, by secondary mannerisms such as facial grimaces, blinking, or stamping of feet.

Environmental factors are also significant in the stuttering picture. Those we find especially relevant in our studies of school age stutterers are perfectionism and unrealistic expectations on the part of the parents. A tense classroom atmosphere and pressures exerted by teachers also tend to aggravate a stutterer's problem. The approach to stuttering therapy used in the public schools is one of creating a school environment conducive to fluent speech, working with parents and others to relieve pressures in the outside environment, reinforcing fluency through speech exercises of gradually increasing difficulty, and the development of self confidence. Older stutterers are guided in developing insight in-

elementary school children are inaudibility, slurring and the omission of some consonant sounds and substitution of others. Integration efforts such as pairing of schools and transporting pupils to schools out of their neighborhoods have dramatized the fact that there is a wide range in the oral communication abilities of our pupils. To make up for defiicts in speech development during the pre-school period and to correct speech faults that prevent our pupils from communicating effectively with one another, attention must be given to speech improvement as well as speech development. In typical New York City schools the extent of the need in this area is great enough to be almost universal. The only logical place to attack this problem is in the regular classroom.

Both the classroom teacher and the speech improvement teacher have a contribution to make to its solution. Through the years individual schools and school districts have emphasized speech improvement for short periods of time as they initiated "oral communication projects" or experimented with curriculum materials in speech in the language arts curriculum. Speech improvement teachers have worked with classroom teachers through demonstration teaching, workshops and other cooperative efforts. These attempts have shown that significant improvement in oral communication is possible. Unfortunately, an adequate number of trained teachers has never been made available to permit such a program to be initiated on a city-wide basis or even to permit district projects to be maintained permanently.

On a nationwide level it is estimated that between 5 and 10 percent of the school population is handicapped in speech and requires speech correction. In our New York City schools 57,000 pupils are presently receiving help in speech correction classes or special centers and close to 20,000 more are on waiting lists. There is some evidence that the expansion of our speech improvement program, particularly in the primary grades, may cut this incidence to some degree by preventing or minimizing some of the articulatory problems. It is safe to assume, however, that approximately five to seven percent of our elementary school pupils will continue to require speech therapy. These children have speech defects or disorders which may be psychogenic, physiological, or functional in nature. The psychogenic problems include stuttering, certain voice disorders, and some cases of delayed speech. Among the physical causes of speech defects are cleft palate, faulty dentition, abnormalities of the articulators (e.g. large tongue), hearing loss, and neurological impairment. Common functional defects are lisping lalling, and perseveration of infantile articulation. In New York City speech correction services are provided in all elementary and junior high schools on a once-a-



Stutterers speech group performs exercise to help relax muscles and ease tension.

groups. In six school districts individual therapy is provided daily in centers for the severely speech handicapped. Special provision is also made for the speech needs of the cerebral palsied child, the brain-injured and the mentally retarded. In senior high schools speech correction classes are provided for 4% of the school population.

Since speech correction services are limited it is important that cases of defective speech be identified carefully and scheduled for therapy in order of priority based on the degree of the handicap. Speech is considered "defective" when it is a bar to communication or when it is unusual enough to draw attention to itself. Since some articulatory problems are alleviated as pupils mature, lisping, lalling and sound substitutions may wait until second or third grade before receiving help. According to developmental norms, all speech sounds should be adequately produced by the eighth year of age. Articulatory defects retained after that age are not usually outgrown and should be given attention.

The question of "when speech is delayed" is frequently raised with reference to the young child. It is important for parents and teachers to understand that the rate of speech development varies considerably among children and that children should not be compared in this respect. Attempts to "correct" a child's speech before oral language is well established may cause the normal growth of speech to be stifled and undesirable habits of speech to develop. A widely accepted theory on the causation of stuttering, though by no means the only theory, holds that stuttering is caused by parental anxiety. The normal speech of young children is "disorganized" or marked by repetitions and hesitation. Parents in their concern for "correct speech" sometimes draw "stuttering." When the parents' anxiety communicates itself to the child real "stuttering" results. For this reason speech therapy for young children is usually an indirect process focusing on language stimulation and development rather than formal correction.

A good guide to beginning speech help for the young child is the advice of one expert who says "an otherwise normal child who has not begun to speak by the age of three yaers and who has little intelligible speech at four years should be considered as having marked speech retardation and needs special help." The "help" needed at this point is a thorough differential diagnosis to determine the cause of the delayed speech. Possible causes of such a condition are hearing loss, perceptual or motor impairments related to brain injury, mental retardation, emotional disturbance, or poor linguistic environment. The first step in diagnosis would be to evaluate the environment and determine the conditions under which this child is attempting to develop oral language. Does he hear speech? Do people speak to him? Does he feel a need to speak? Does anyone listen to him when he tries to talk?

Examination to determine the condition of the vocal and articulatory mechanism and a general physical work-up and case history are important. A test of hearing should always be part of the examination. A neurological examination may follow if initial screening indicates the possibility of problems in this area. Poor motor coordination, perceptual difficulties, distractible behavior and hyperactivity point toward the possible diagnosis of central nerve damage. Psychological examination of a non-verbal type should be given to get some estimate of intelligence. Evaluation of the intelligence of a child with severely delayed speech must be guarded

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to their problem through group discussions. In its most extreme form, stuttering may be characterized by extreme anxiety and phobias. Such severe cases require psychiatric help rather than speech correction and suitable referrals should be made if necessary.

Although the speech correction program is primarily the responsibility of the speech teacher, every member of the school staff who meets the speech handicapped child influences his progress. The role of the classroom teacher is most significant in this respect. The teacher can contribute to the correction of speech defects by maintaining a good atmosphere for listening and speaking. A calm manner and patient response when the stutterer has difficulty can help allay his fears. The teacher should treat all speech handicapped pupils as normal pupils, not as "speech cripples." They should be called on to respond orally in class to whatever degree they are capable. Their efforts should be encouraged by honest praise without making them conspicuous. The speech teacher and classroom teacher should cooperate in giving speaking assignments so the work in speech class will prepare students to participate in the regular class, and classwork will reinforce the work of the speech clinic.

The guidance counselor, school psychologist, social worker, nurse and other specialists are called upon frequently to provide supportive and therapeutic services in the speech correction program.

All aspects of speech education—whether they be development, improvement, or correction — are intrinsically related to one another and to all other areas of the curriculum, and directed toward a single goal. That goal is to prepare all pupils to use effective speech in a world where oral communication is basic to successful living.